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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>                                     |                         | Docket Number (Optional)<br>20459-00400-US1 |
| Application Number<br>10/582,111-Conf. #1630  | Filed<br>April 17, 2007 |   |
| For PROGRESSIVE PROPELLANT CHARGE WITH HIGH CHARGE DENSITY  |                         |   |
| Art Unit<br>3641  | Examiner<br>D. J. Troy  |   |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                         |   |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                         |   |
|   | Fee                     | Small Entity Fee                            |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130                   | \$65      \$ _____                          |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490                   | \$245      \$ 490.00                        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110                  | \$555      \$ _____                         |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730                  | \$865      \$ _____                         |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350                  | \$1175      \$ _____                        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                         |   |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                         |   |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                         |   |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                         |   |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0185</u> .                 |                         |   |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>               |                         |   |
| I am the <input type="checkbox"/> applicant/inventor.   |                         |   |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                         |   |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>62,324</u>  |                         |   |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |                         |   |
| _____<br>/Georg M. Hasselmann/<br>Signature   |                         | _____<br>June 12, 2009<br>Date              |
| _____<br>Georg M. Hasselmann<br>Typed or printed name   |                         | _____<br>(202) 331-7111<br>Telephone Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                         |   |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                         |   |